



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:	MFDR Tracking #: M4-10-4512-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TWIN CITY FIRE INSURANCE CO REP BOX # 47	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary as listed on the Table of Disputed Services: Brace denied. Crack hip. Brace denied. D.R. Visit.

Principal Documentation:

1. DWC060
2. Total Amount Sought \$100.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary as listed on the Table of Disputed Services: "Rule 133.307(b)(C). Requestor did not submit a proper request for MFDR. No docu submitted. Cannot review. Please dismiss.

Principal Documentation:

1. DWC060

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed Service	Amount in Dispute	Amount Due
08/2010	No EOBs submitted	Out of pocket expenses	\$100.00	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. The Requestor did not submit any documentation to support that out-of-pocket expenses were incurred. The Requestor has listed several dates of service. Dates of service that are legible, but outside the one-year filing deadline in accordance with Tex. Admin. Code §133.307(c) are 06/18/08, 06/20/08, 60/23/08, and 06/24/08. Dates of service 12/20/06 and 02/02/2010 were listed on the table of disputed services as emergency room visits. Date of service 12/20/06 was not filed within the one-year filing deadline and not eligible for review. Date of Service 02/02/2010 was listed on the table of disputed services; however, the Requestor listed \$0.00 as the amount paid. Therefore, it appears the Requestor is not out of pocket expenses for this emergency room visit.
2. Date of service 08/2010 is the only date of service that is eligible for review. The Requestor did not legibly submit the date of service and there is no documentation to support the services rendered for this date of service. The Requestor was contacted on July 14, 2010 in an effort to obtain receipts; no additional information has been received from the Requestor.

3. The Division concludes that this dispute was not filed in the form and manner prescribed under §133.307(e)(3)(I) and (J). As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code §408.021, §413.011(a-d), §413.031 and §413.0311
28 Texas Administrative Code §133.305, §133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

		August 9, 2010
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.